

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6	/					
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48						
49						
50						
TOTAL IND.	/1					
TOTAL DEP.	/32	↔	↔	↔		
TOTAL CLAIMS	/33	[shaded]	[shaded]	[shaded]		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↔	↔		
TOTAL DEP.			↔	↔		
TOTAL CLAIMS		[shaded]	[shaded]	[shaded]		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS